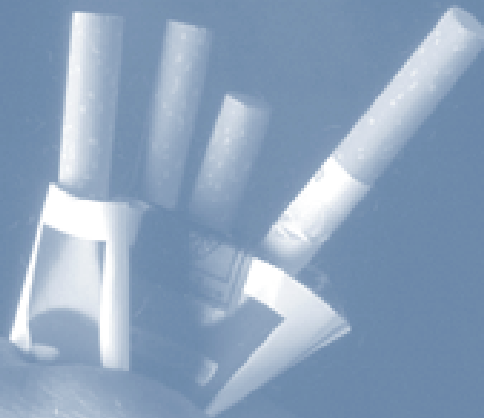


# Tobacco Prevention and Control in Washington State



## Progress Report

2003



**T**obacco prevention and control efforts in Washington State are making a difference. In July 2000, the Washington State Department of Health, in partnership with local health agencies, tribes, schools, and community organizations, launched a comprehensive Tobacco Prevention and Control Program to reduce tobacco use. The program closely follows recommendations from the Centers for Disease Control and Prevention and mirrors successful efforts in other states.

Tobacco use remains the leading cause of preventable death. Tobacco-related diseases kill about 83,000 people every year in our state, more than AIDS, alcohol, drug abuse, car crashes, murders, suicides, and fires combined.



This report shows how the state and local communities are working together in Washington to fight tobacco use, save lives, and reduce medical costs. We have experienced some early success, but tobacco use is a large and complex problem. There is more work to be done.

The challenges are great. The tobacco industry spends more than \$200 million a year in Washington promoting its products and creating new smokers. About 55 young people in our state start smoking every day, and one-third of them will die early as a result.

Our state is just beginning its fight against tobacco. Within 10 years, we expect to reduce the proportion of adult tobacco users by 26 percent – that's a quarter million adults living longer, healthier, more productive lives, and a \$3.2 billion savings in future medical costs. Reducing tobacco use is a public health priority and an important part of our mission to protect and improve the health of people in Washington State.

A handwritten signature in dark ink, reading "Mary C. Selecky".

Mary C. Selecky  
Secretary of Health

**Washington State Department of Health**

**Tobacco Prevention  
and Control in  
Washington State**

**Progress  
Report**

**2003**

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## Executive Summary

**T**obacco use is the leading cause of preventable death in Washington State and across the nation. About 8,300 people die each year in Washington from tobacco-related illnesses – a higher death toll than the combined total of deaths from AIDS, alcohol, drug abuse, car crashes, murders, suicides, and fires. The cost is measured in lives and dollars. State taxpayers spend more than \$200 million annually through Medicaid to treat smoking-related illnesses, pushing the total healthcare tab for tobacco-related illnesses past \$1.5 billion each year.

The Tobacco Prevention and Control Program delivers a comprehensive approach to preventing tobacco use among Washington residents. Cooperation with local health agencies, tribes, schools, and community-based organizations is essential to this work. All activities are within the framework of the *Tobacco Prevention and Control Plan for Washington State* (1999). The plan outlined integrated, proven approaches to tobacco prevention and control, efficiently using funds that the Washington State Legislature dedicated to this work.

In less than three years, the Department of Health and its partners have succeeded in reducing tobacco use among adults and kids despite the more than \$200 million the tobacco industry spends annually in Washington State to promote its products and create new smokers.

Progress has been made, but this is just the beginning. Fifty-five kids start smoking every day and one in five adults still smokes. A sustained effort is essential to producing lasting results.



**Tobacco use is an epidemic. In Washington 55 kids start smoking every day and one in five adults still smokes. A sustained effort is essential to producing lasting results.**

**Decline in  
10th Grade  
Smokers  
1999-2002**

**40%**

**Decline in  
Adult Smokers  
1999-2002**

**8%**

## Progress in Reducing Tobacco Use Statewide

The Department of Health's comprehensive approach to tobacco prevention and control has resulted in decreases in the number of smokers – both youth and adults since the program began in earnest in July 2000.

### Preventing Youth from Beginning Tobacco Use

Evaluation surveys conducted by the Department of Health show progress in reducing youth tobacco use and changing youth attitudes about tobacco use.

- Youth smoking in Washington has decreased from peak levels observed before the launch of the state's program:
  - 6th grade – from 4.7 percent in 1998 to 2.2 percent in 2002, down 53 percent \*
  - 8th grade – from 15.2 percent in 1998 to 9.2 percent in 2002, down 39 percent \*
  - 10th grade – from 25.0 percent in 1999 to 15.0 percent in 2002, down 40 percent \*
  - 12th grade – from 35.2 percent in 1999 to 22.7 percent in 2002, down 36 percent \*
- There are about 53,000 fewer Washington kids smoking than before the launch of the program (adjusted for population growth).
- The reduction in smoking among high school youth in Washington is nearly twice the national rate of decline.
- In 2002, nine out of 10 youth who had seen Department of Health anti-tobacco ads said the ads had given them good reasons not to smoke.
- There was a 29 percent decrease in the number of high school youth who said they had ever tried smoking.

\* youth who reported smoking in the past 30 days

### Helping Adults Quit

- There are about 83,000 fewer adult smokers in Washington – an 8 percent decrease – since the launch of the program (adjusted for population growth).
- About 26 percent of tobacco users made serious attempts to quit in 2002, compared to 15 percent who attempted to quit in early 2000, before the launch of the program.
- Nearly 34,000 residents have called the Washington Tobacco Quit Line to receive free one-on-one counseling, referrals to local stop smoking programs, and tobacco quit kits.
- About 11 percent of women who had babies in 2000 reported smoking during their third trimester. National trends show this rate is dropping, but Washington data won't be available until 2004.

### Reducing Exposure to Secondhand Smoke

Focused program efforts to reduce secondhand smoke began in 2003. Interim results show some progress, but results are not expected until later.

### Reducing Tobacco Use in High-Risk Groups

Focused program efforts to address high-risk groups began in 2003. The program has identified this as a high priority and has begun working on ways to collect better data to describe tobacco use in these populations. Results are not expected for some time.

# History

Washington State's anti-tobacco efforts began more than a decade ago, when the state Department of Health, in partnership with the American Cancer Society, participated in the American Stop Smoking Intervention Study (ASSIST). The National Cancer Institute funded the demonstration project in 17 states. The goal was to organize and teach coalitions to advocate for changes in public and private tobacco policies as a means of reducing tobacco use and exposure to secondhand smoke.

The Department of Health funded coalitions in Clark, King, Pierce, Snohomish, and Spokane counties, as well as the statewide Tobacco Free Washington Coalition. These coalitions planned and implemented a variety of advocacy, media, and education strategies to encourage stronger tobacco prevention and control policies.

In the late 1990s, Washington State, along with other states, sued the tobacco companies for illegally targeting and marketing to minors and violating Washington's consumer protection and antitrust laws. Washington's Attorney General Christine Gregoire acted as the lead negotiator in the final settlement with the companies.

The November 1998 Master Settlement Agreement with the tobacco companies was expected to provide \$4.5 billion over 25 years for Washington State to help rectify the harm caused by tobacco. The settlement also imposed major restrictions on the industry's advertising and marketing machine, and curtailed its ability to fight anti-tobacco legislation.

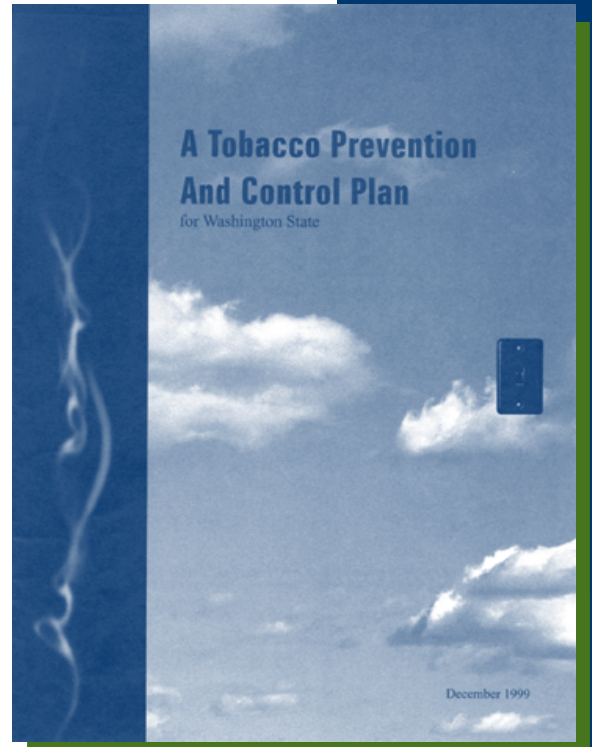
The 1999 Washington Legislature set aside \$100 million of the state's initial \$320 million payment from the Master Settlement Agreement to create a Tobacco Prevention and Control Account.

At the same time, the Legislature asked the Department of Health to develop a sustainable, long-term, and comprehensive tobacco control program. The department appointed a team of public health experts, the Tobacco Prevention and Control Council, to recommend the most effective measures to prevent kids from becoming addicted to tobacco and to help adults quit.

The council's *Tobacco Prevention and Control Plan for Washington State* recommended a \$26.24 million annual plan, which, if fully funded over the course of 10 years, would prevent an estimated 84,000 premature deaths and save more than \$3 billion in future medical costs.

The Legislature appropriated \$15 million to the Department of Health for tobacco prevention and control during the program's first year (July 2000-June 2001) and increased funding to \$17.5 million for the second year (July 2001-June 2002). In 1999, the department set up the Tobacco Prevention and Control Program with a small, centralized state staff and contracted with its partners in counties, tribes, Educational Service Districts, and communities to deliver local services.

In November 2001, Washington voters approved Initiative 773, raising the tax on a pack of cigarettes by 60 cents to \$1.425, the highest of any state in the nation at the time. The Legislature dedicated portions of the tax to healthcare programs and to the Tobacco Prevention and Control Account, which fully funded the Department of Health's program at \$26.24 million for the third year (July 2002-June 2003).



**A team of public health experts recommended science-based tobacco prevention and control measures in the 1999 plan.**



# Integrated, Comprehensive Efforts

The Tobacco Prevention and Control Program is based on comprehensive, proven, and cost-effective strategies. The program works with local health agencies, tribes, schools, and community organizations to deliver integrated, anti-tobacco activities to all Washington residents.

## Goals

**Tobacco Program goals and activities are consistent with the goals for tobacco prevention outlined by the national Centers for Disease Control and Prevention:**

- **Prevent youth from beginning to use tobacco.**
- **Help youth and adults quit using tobacco.**
- **Reduce exposure to secondhand smoke.**
- **Reduce tobacco use in high-risk groups.**

## Community and Tribal Programs

The state Department of Health funds tobacco prevention and control activities through local health departments and community organizations in all 39 Washington counties. In addition, the state funds activities in 26 of the 29 federally recognized tribes.

## School Programs

All nine of the state's Educational Service Districts receive funding to help schools improve and enforce tobacco-free school policies, establish stop smoking programs for students, apply research-based curricula, train teachers and staff, and provide information to families.

## Quit Programs

The Washington Tobacco Quit Line provides residents with free one-on-one counseling, tobacco quit kits, and referrals to local stop smoking programs. The program promotes changes in the healthcare system so more people get help quitting and more healthcare providers encourage their patients to quit.

## Public Awareness and Marketing

The Tobacco Program's advertising campaign uses traditional media, such as television and radio advertising, to help adults quit smoking, prevent teens from starting, and educate the public about the dangers of secondhand smoke. The program also uses innovative promotions, such as a reality-based television program and cutting-edge Web sites to deliver anti-tobacco messages.

## Policy and Enforcement

The Department of Health works with the Office of the Attorney General, Liquor Control Board, and local law enforcement to enforce state and federal laws restricting tobacco sales and advertising to kids, and support local efforts to develop policies protecting against secondhand smoke.

## Assessment and Evaluation

The Tobacco Program regularly collects and analyzes information on tobacco use among adults and youth in Washington, then measures the success of the program by comparing results to data collected before the program began.

## Target Populations

Initial efforts focused on three target populations: youth, adults who are interested in quitting, and pregnant women, and established related measurable objectives. In addition, in 2003 the Department of Health started efforts to address tobacco use in specific high-risk populations. The results of related targeted efforts are addressed elsewhere in this report.



# Funding

Funding for the Washington Tobacco Prevention and Control Program comes from a variety of sources. The budget for the state fiscal year 2003 (July 1, 2002-June 30, 2003) is \$29.45 million. The budget includes funding from the following:

- Master Settlement Agreement – \$17.5 million
- January 2002 increase in the sales tax on tobacco products – \$8.75 million
- Centers for Disease Control and Prevention – \$1.4 million
- American Legacy Foundation – \$900,000
- Fees paid by tobacco retailers – \$900,000

## Master Settlement Agreement

Washington State receives more than \$100 million each year from its portion of the settlement of the states' lawsuit against the major tobacco companies. When it created the Tobacco Prevention and Control Program in 2000, the Washington State Legislature set aside \$100 million of the initial payment to create a Tobacco Prevention and Control Account. The Legislature draws from this account to fund the program activities.

## Tobacco Sales Tax Increase

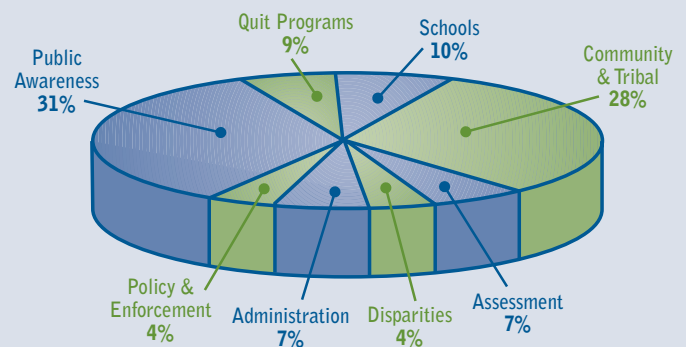
In November 2001, the passage of Initiative 773 raised Washington's tax on the sale of a pack of cigarettes from \$0.825 to \$1.425. About 10 percent of the revenue generated by the tax increase was added to the Tobacco Prevention and Control Account.

## Program Expenditures

The Department of Health takes a comprehensive approach to fighting tobacco use. The major elements of its program and the amount of money allocated to each are shown in the following chart.

Budgeting decisions are based on the guiding principles and four goals established by the Tobacco Prevention and Control Council.

The Tobacco Program annually reviews funding distributions and approaches in light of evaluation findings, new research relevant to best practices for tobacco prevention and control, and policy changes.



## Evaluation

The program relies on regular data collection and analysis to set measurable goals, track progress in all program areas, and inform policy decisions. The program gathers data from a variety of national and state sources including school-based and telephone surveys, various tracking systems, and the program's unique online reporting system, CATALYST, which allows local tobacco programs that contract with the state to report their progress. Detailed methods for evaluation activities and surveys are described in a separate program evaluation (available upon request).

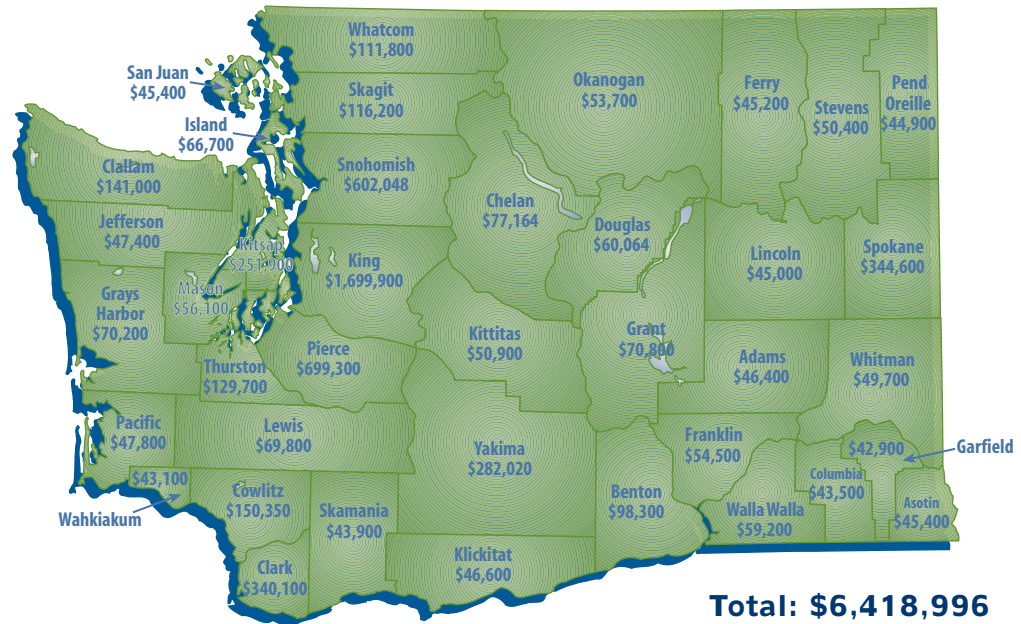
The program is committed to sharing information with its partners and the general public on Web sites and in published reports. Evaluation staff link with researchers, tobacco program evaluators from other states, and staff from local programs to jointly interpret findings.

# Partners in Prevention

Adams County Health District  
Affiliated Health Services  
American Cancer Society  
American Heart Association  
American Lung Association of Washington  
American Lung Association-Yakima  
Asotin County Health District  
Benton Franklin Health District  
Campaign for Tobacco-Free Kids  
Center for Health Training/Tobacco  
Prevention Resource Center  
Chelan Douglas Together!  
Chelan-Douglas Health District  
Chehalis Confederated Tribes  
Clallam County Department of Health  
and Human Services  
Clark County Health Department  
Columbia County Health District  
Confederated Tribes of the Colville  
Reservation  
Cowlitz Substance Abuse Coalition  
Cross-Cultural Health Care Program  
Educational Service Districts 101, 105, 112,  
113, 114, 121, 123, 171, 189  
Garfield County Health District  
Grant County Health District  
Grays Harbor County Health and  
Human Services Department  
Group Health Cooperative  
Island County Health Department  
Jamestown S'Klallam Tribe  
Jefferson County Health and Human  
Services  
Kitsap County Health District  
Kittitas County Health Department  
Klickitat County Health Department  
Lewis County Social Services  
Lower Elwha Klallam Tribe  
Lummi Nation  
Makah Tribe  
Mason County Department of Health  
Muckleshoot Tribe  
Nisqually Tribe  
Nooksack Tribe  
Northeast Tri-County Health District  
Okanogan County Health District  
Pacific County Health & Human Services  
Port Gamble S'Klallam Tribe  
Prevention Pays  
Public Health Seattle-King County  
Puyallup Tribe  
Quileute Tribe  
Quinalt Nation  
Samish Nation  
San Juan County Health and  
Community Services  
Sauk-Suiattle Tribe  
Shoalwater Bay Tribe  
Skokomish Tribe  
Snohomish Health District  
Snoqualmie Tribe  
Spokane Regional Health District  
Spokane Tribe  
Squaxin Island Tribe  
Stillaguamish Tribe  
Suquamish Tribe  
Swinomish Tribe  
Tacoma-Pierce County Health Department  
The Tulalip Tribes  
Thurston County Health Department  
Thurston Together!  
Tobacco Free Benton-Franklin Counties  
University of Washington Teen  
Futures Media Network  
University of Washington School  
of Public Health  
Upper Skagit Tribe  
Wahkiakum County Health Department  
Walla Walla County Health Department  
Washington Department of Health  
Washington Department of Social  
and Health Services  
Washington Liquor Control Board  
Washington Office of the Attorney General  
Washington Office of the Superintendent  
of Public Instruction  
Washington State University  
Department of Communications  
Whatcom County Health & Human Services  
Whitman County Public Health  
Yakama Nation

## Funding Tobacco Prevention in Local Communities

More than 92 percent of the Tobacco Prevention and Control Program's \$29.4 million budget supports programs and services directly provided by public and private organizations. More than \$10 million annually goes to local communities across the state through contracts with county health departments, community organizations, schools, and tribes. The Department of Health currently contracts with community programs serving all 39 counties, all nine of the state's Educational Service Districts, and 26 federally recognized Washington tribes.



### Tribal Funding

Chehalis Confederated Tribes .....	\$12,000
Confederated Tribes of the Colville Reservation ...	\$47,500
Jamestown S'Klallam Tribe .....	\$12,000
Lower Elwha Klallam Tribe .....	\$12,000
Lummi Nation .....	\$31,250
Makah Tribe .....	\$16,250
Muckleshoot Tribe .....	\$25,000
Nisqually Tribe .....	\$12,000
Nooksack Tribe .....	\$12,000
Port Gamble S'Klallam Tribe .....	\$12,000
Puyallup Tribe .....	\$47,500
Quileute Tribe .....	\$12,000
Quinalt Nation .....	\$25,000
Samish Nation .....	\$12,000
Sauk - Suiattle Tribe .....	\$12,000
Shoalwater Bay Tribe .....	\$12,000
Skokomish Tribe .....	\$12,000
Snoqualmie Tribe .....	\$12,000
Spokane Tribe .....	\$25,000
Squaxin Island Tribe .....	\$12,000
Stillaguamish Tribe .....	\$12,000
Suquamish Tribe .....	\$12,000
Swinomish Tribe .....	\$15,000
The Tulalip Tribes .....	\$25,000
Upper Skagit Tribe .....	\$12,000
Yakama Nation .....	\$72,500
<b>Total .....</b>	<b>\$522,000</b>

### Educational Service District Funding

Educational Service District 101 .....	\$296,800
Educational Service District 105 .....	\$215,300
Educational Service District 112 .....	\$287,800
Educational Service District 113 .....	\$252,500
Educational Service District 114 .....	\$213,300
Educational Service District 121 .....	\$939,700
Educational Service District 123 .....	\$215,400
Educational Service District 171 .....	\$183,800
Educational Service District 189 .....	\$455,400
<b>Total .....</b>	<b>\$3,060,000</b>

# Preventing Youth from Beginning Tobacco Use

The preponderance of images on magazine pages, in movies, and in-store displays has created a friendly familiarity with tobacco. It has shaped a youth culture that views tobacco use as glamorous, social, grown-up, and rebellious. The result is that 55 Washington youth start smoking every day. Surveys of adult smokers in Washington show that about half of them had first tried cigarettes by age 14, and seven out of 10 of them were smoking regularly by age 18.

## Activities to Prevent Youth From Beginning to Use Tobacco

The Department of Health and its partners – local health departments, schools, tribes, and community-based organizations – deploy a wide variety of strategies to prevent youth from beginning to use tobacco. These efforts are organized under three general approaches:

- Educating youth about the dangers of tobacco use.
- Making it hard for youth to get tobacco.
- Making tobacco use unacceptable.

The results of these efforts are detailed beginning on page 8.

## Educating Youth About the Dangers of Tobacco Use

### Supported tobacco prevention and control programs in schools.

The Tobacco Program provides funding and consultation to schools through Washington's nine Educational Service Districts. School programs are intended to promote strong 'no tobacco use' attitudes among students, increase student knowledge of the dangers of tobacco, and provide students with skills to resist peer influences to use tobacco.

School programs include a wide range of activities involving students, parents, government, and community groups. Typical school activities include:

- Enforcing policies prohibiting student tobacco use on school grounds.
- Implementing approved curricula that teach life skills, refusal skills, and the dangers of tobacco use.
- Providing tobacco prevention and control information to parents through orientations, "Family Nights Out," or parent newsletters.
- Establishing diversion programs for students.
- Providing staff advisors and other support for school anti-tobacco groups and local youth coalitions.



**The Tobacco Program supports programs in all 39 counties and 26 tribes to help communities plan, implement, and evaluate anti-tobacco programs tailored to meet their needs.**



**Conducted multi-media youth campaigns.** A variety of methods and media were used to reach youth with anti-tobacco messages:

## Building Family Involvement

Building on the foundation of an effective school-based outreach program, Family Night Out has proven to be a successful strategy to reach youth and their parents with tobacco prevention messages in schools throughout northeastern Washington.

"Family involvement is one of the fundamentals of an effective school-based tobacco program," says Tricia Hughes, tobacco prevention coordinator for Educational Service District 101, which serves seven mostly rural counties. "School is seen as the hub of the community, especially in the small communities where many of our schools are located."

The district developed a template for a special Tobacco Prevention Family Night Out, distributed it to member schools, and offered special grant funding. Nine schools held Tobacco Prevention Family Night Outs last year, at which families shared a meal, met for an hour to learn about age-appropriate tobacco prevention issues, then reconvened for dessert and anti-tobacco games.

"Tobacco Family Night Out has been a huge success in educating the whole family about the dangers of tobacco use," Hughes says.



- **Created the "Tobacco Smokes You" campaign.** Graphic, fact-based television and radio ads were created, targeting youth ages 8 to 18 to prevent them from beginning to use tobacco. Ads also appeared on billboards and buses, in malls and video stores, at summer camps, and online. Television ads were first tested with teens across the state, who indicated that the ads needed to be graphic to be effective.
- **Launched a new youth Web site.** The new UnfilteredTV.com educates kids about the dangers of tobacco use.
- **Created a contest for kids to express themselves about tobacco use.** The online Unfiltered You contest featured more than 100 art projects created by youth to describe tobacco use in their families, schools, and homes.
- **Broadcast a television forum about tobacco use.** The Unfiltered Forum, a Tobacco Program collaboration with KOMO TV's popular "Northwest Afternoon" show, featured 22 teens from around the state talking about tobacco – why they use it, how they get it, and how difficult it is to quit.
- **Sent a youth road tour to rural communities.** The "Tobacco Smokes You" road tour visited schools, skating rinks, sporting events, malls, and other places kids hang out in 23 counties to talk with them about why using tobacco is a bad idea.
- **Used a celebrity to deliver an anti-tobacco message.** MTV personality Piggy Thomas visited schools to host discussions about tobacco advertising and encourage youth to either quit or never begin using tobacco. For her discussion, Thomas used a reality-style series, called Unfiltered, which was created to educate kids about the dangers of using tobacco.
- **Launched O2 magazine.** The Tobacco Program, in coordination with the University of Washington and Teen Futures Media Network, provided funding for a youth-produced online magazine that exposes tobacco industry efforts to create youth smokers.

## Making It Hard for Youth to Get Tobacco

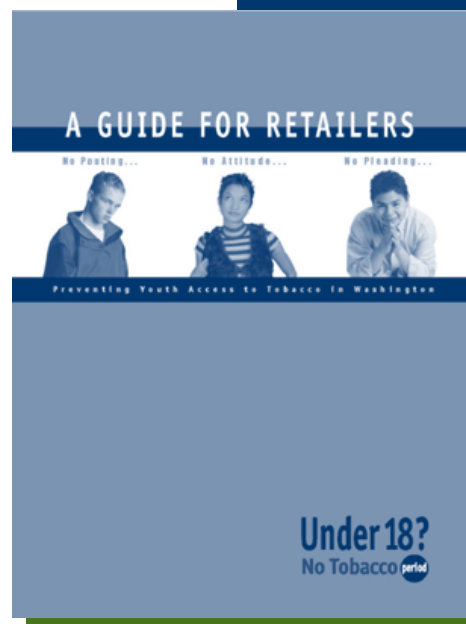
**Monitored sales of tobacco to underage buyers.** It is illegal for youth under the age of 18 to use or possess tobacco. The Department of Health, with its partners the Liquor Control Board, local prevention programs, and local law enforcement, conducted random checks of tobacco retailers to make sure they do not sell tobacco to minors.

**Provided education to retailers.** New retailer and community education campaigns were launched in 2002 to better inform store owners and managers, clerks, and customers about state laws regarding tobacco sales to minors. The campaign, "Under 18? No Tobacco. Period." is used by local contractors in tobacco retailer training programs, site visits, mailings, and violation follow-up trainings. Retailers also are shown methods to encourage their employees to comply with the law.

## Making Tobacco Use Unacceptable

**Encouraged youth empowerment.** The Tobacco Program supported the efforts of three organizations to help educate youth about the dangers of tobacco use and to mobilize youth to take action:

- The American Cancer Society's SpeakOUT Youth Initiative, which trained youth and adults to build and maintain strong youth coalitions.
- The American Lung Association's Teens Against Tobacco Use (T.A.T.U.), a peer education program that reached more 26,500 youth.
- The University of Washington College of Education's Teen Futures Media Network, which presented "Teens, Tobacco & Media" lessons to more than 3,000 teens in classrooms and community settings.



In addition, the program:

- **Supported youth coalitions and activities.** The Tobacco Program supported the formation of 12 community-based youth coalitions across the state and participation of 28 counties in national events such as Kick Butts Day and World No Tobacco Day.
- **Held three regional youth summits.** Three locally planned, two-day regional summits trained and educated youth advocates, and gave them a chance to network, plan, and celebrate their accomplishments with their peers.
- **Co-sponsored the annual statewide youth prevention summit.** More than 1,100 people, including 300 youth, attended workshops focusing on youth skills and knowledge-building for addressing tobacco issues locally.



# Progress in Preventing Youth Tobacco Use

## Overall Results

The effectiveness of efforts to reduce youth smoking is measured by comparing the 2002 Healthy Youth survey against earlier surveys. The Healthy Youth survey, conducted by the Department of Health, Office of the Superintendent of Public Instruction, Department of Social and Health Services, and Office of Community Development surveyed nearly 140,000 students in 752 Washington schools statewide in October 2002.

Comparative analysis of the surveys show that youth smoking in Washington has decreased from peak levels observed just before the launch of the state's program in July 2000.

There are about 53,000 fewer Washington kids smoking than before the launch of the program (adjusted for population growth). The reduction in smoking among high school youth in Washington is greater than the national rate of decline.

**Decline in  
6th Grade  
Smokers  
1998-2002\***



**Decline in  
8th Grade  
Smokers  
1998-2002\***



**Decline in  
10th Grade  
Smokers  
1999-2002\***



**Decline in  
12th Grade  
Smokers  
1999-2002\***



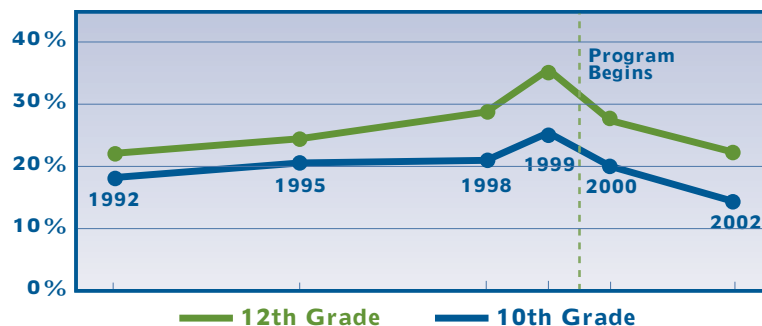
\* indicates statistical significance

The surveys also show that fewer kids are trying tobacco. From 1999 to 2002, fewer youth reported having ever smoked a whole cigarette.

- There was a 41 percent decrease in the number of 10th graders who tried a cigarette.\*
- There was a 29 percent decrease in the number of 12th graders who tried a cigarette.\*

\*indicates statistical significance

## Historical Cigarette Use in Washington High School Students



Source: 1992, 1995, 1998, 2000 Washington State Survey of Adolescent Health Behaviors (WSSAHB) – OSPI, DOH, DSHS-DASA et al.; 1999 Washington State Youth Risk Behavior Survey (YRBS) – DOH; 2002 Healthy Youth Survey (HYS) – OSPI, DOH, DSHS-DASA et al.



## Boys Versus Girls

The surveys show reductions in smoking among all types of youth during the past two years (2000-2002). In previous surveys, smoking rates among girls were higher than those among boys. Overall, between 2000 and 2002, the number of girls smoking dropped more than boys, so that now the rates are similar for both.

<b>Boys Versus Girls: 2000-2002</b>	
<b>6th grade</b>	Girls: Declined from 3.9 percent to 1.8 percent – a 54 percent drop* Boys: Declined from 4.1 percent to 2.6 percent – a 37 percent drop*
<b>8th grade</b>	Girls: Declined from 14.5 percent to 9.2 percent – a 37 percent drop* Boys: Declined from 10.3 percent to 9.0 percent – a 13 percent drop
<b>10th grade</b>	Girls: Declined from 21.8 percent to 15.2 percent – a 30 percent drop* Boys: Declined from 17.5 percent to 14.7 percent – a 16 percent drop
<b>12th grade</b>	Girls: Declined from 29.3 percent to 22.0 percent – a 25 percent drop* Boys: Declined from 26.1 percent to 23.4 percent – a 10 percent drop
* indicates statistical significance of change from 2000 to 2002	

## Urban Versus Rural

School programs deployed through Educational Service Districts are intended to reach youth in small and large communities statewide. Declines in youth smoking were seen in urban, suburban, large town, and rural communities. For example, among 8th graders:

- Urban youth smokers declined 15 percent.
- Suburban youth smokers declined 40 percent.\*
- Large town youth smokers declined 30 percent.
- Small town/rural smokers declined 27 percent.

\* indicates statistical significance of change from 2000 to 2002

## Saving Lives and Money

Decreases achieved so far in youth smoking translate into savings in lives and medical costs.

- Nearly 12,000 kids will be spared an early death.
- The state will save an estimated \$660 million in future medical costs.





## Smoking and Academic Performance

Smoking is strongly correlated with academic performance – youth who get better grades are less likely to smoke. Results show that the program is reaching all types of youth. For example, among 8th graders:

- 3.9 percent of students getting mostly As currently smoke – a 28 percent decline.
- 8.2 percent of students getting mostly Bs currently smoke – a 16 percent decline.
- 13.9 percent of students getting mostly Cs currently smoke – a 23 percent decline.\*
- 23.7 percent of students getting mostly Ds or Fs currently smoke – a 37 percent decline.\*

*\*indicates statistical significance*

## Susceptibility to Smoking

In addition to current use of cigarettes, the Tobacco Program also measures “susceptibility” to smoking using research-based questions to assess the likelihood that a youth may start smoking. Strongly significant decreases in susceptibility to smoking were seen for all age groups, from 2000 to 2002.

**Decline in  
6th Grade  
Susceptibility  
2000-2002\***



**Decline in  
8th Grade  
Susceptibility  
2000-2002\***



**Decline in  
10th Grade  
Susceptibility  
2000-2002\***



**Decline in  
12th Grade  
Susceptibility  
2000-2002\***



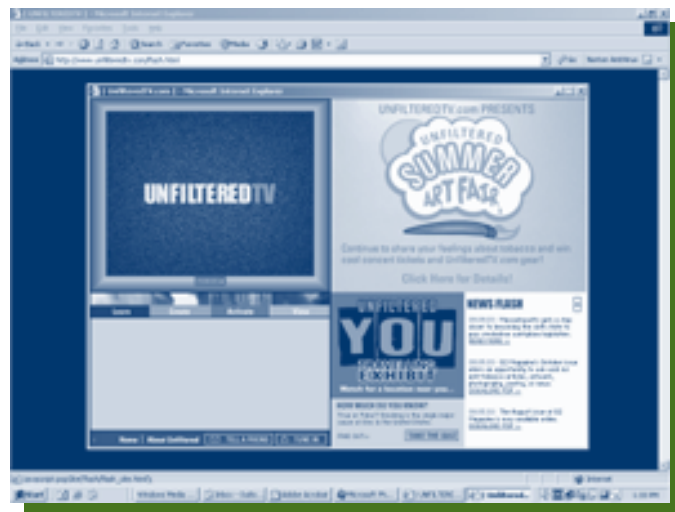
*\* indicates statistical significance of change from 2000 to 2002*

## Use of Other Tobacco Products

Although cigarette use among youth has declined, the prevalence of other forms of tobacco use increased between 2000 and 2002. There were statistically significant increases for cigar, bidi, and pipe use by youth, but overall prevalences are still lower than those for cigarette smoking; monitoring of these results will continue. Among 8<sup>th</sup> graders, from 2000 to 2002:

- Smokeless tobacco use increased from 2.1 percent to 2.7 percent.
- Cigar use increased from 4.3 percent to 8.3 percent.\*
- Bidi use increased from 3.3 percent to 6.8 percent.\*
- Pipe use increased from 2.1 percent to 5.6 percent.\*

*\*indicates statistical significance*



**The unfilteredTV.com  
Web site has proven to  
be an effective way to  
reach youth with anti-  
tobacco messages.**



## Access to Cigarettes

One of the ways to reduce the number of kids smoking is to make it harder for them to get cigarettes and other tobacco products. However, about 14 percent of retailers who are randomly checked in undercover operations still sell to minors. Aside from retailers, youth also can get tobacco products from a variety of “social sources” such as friends or willing adults. However, the percentage of youth who said it would be “very hard” for them to get cigarettes has increased since 2000, which is a positive sign for youth prevention.

Percentage of Youth Who Said it Would Be “Very Hard” to Get Cigarettes				
	6th grade	8th grade	10th grade	12th grade
2000	61.0 percent*	31.6 percent*	13.3 percent*	4.4 percent*
2002	69.8 percent*	37.4 percent*	19.4 percent*	7.8 percent*

*\*indicates statistical significance*

## Other Youth Results

In addition to the Healthy Youth Survey, other methods are used to measure effectiveness of specific tobacco prevention efforts. These include targeted youth telephone surveys, media tracking surveys, compliance check tracking systems, and youth tobacco intervention tracking systems. Details about these data sources are provided in the program evaluation plan.

### Access to Information at School

In 2002, a large proportion of youth reported receiving elements of a comprehensive school-based program. There were strong associations for youth between getting these services and being less susceptible to tobacco use.

- More than half of youth have practiced ways to say “no” to tobacco in classes during the past 12 months. Those who have were less susceptible to tobacco use.
- About half of youth said that they had received information about tobacco at least four times during the past year. The more times they receive the information, the less likely they were to be susceptible.
- Nearly 80 percent of youth who received information about tobacco in school said that the information made them think about whether or not to use tobacco.
- Three out of four youth reported there was someone in their school to talk to about problems with alcohol, tobacco, or other drugs, an increase from when the program began.

### Tobacco Sales Compliance

The Department of Health, in collaboration with state and local agencies and organizations, coordinates efforts to ensure that retailers don’t sell tobacco products to minors. “Compliance checks” are unannounced visits to retailers to determine whether they are selling tobacco to youth.

- The Liquor Control Board, local health jurisdictions, and others conducted 6,000 statewide compliance checks in 2002.
- The percentage of tobacco retailers in Washington who sold tobacco to minors during random, undercover checks was about 14 percent in 2002, well below the federal standard of 20 percent or less.
- The Liquor Control Board trained 617 retailers in tobacco sales laws in 2002. Other trainings were conducted by local health jurisdictions in all 39 counties.



## Advertising Against Tobacco

Giving kids more reasons not to smoke increases the chances that they won't start. The media campaign has been effective in reaching youth with anti-tobacco messages. In 2002:

- Two out of three youth remember seeing or hearing an anti-tobacco ad in the past week.
- Nine out of 10 youth who had seen Department of Health anti-tobacco ads said the ads had given them good reasons not to smoke.
- About one in three youth who had seen Department of Health anti-tobacco ads said they had talked to their friends about the ads, which is an important indicator of penetrating the youth culture.
- From among a list of possible things that had influenced their thoughts around tobacco, two out of three youth said that anti-tobacco TV ads had "a lot" or "some" influence on their decisions – this measure has significantly increased over time in the program.
- Analysis of the Healthy Youth Survey indicated that the "Tobacco Smokes You" campaign is effective in reaching all racial/ethnic groups across the state.

## Making a Difference

When a high school friend asked Jesse Youckton if he'd be interesting in getting involved with youth anti-tobacco activities, the 16-year-old Thurston County resident saw a chance to make a difference.

Jesse now volunteers with Students Protesting Lies About Tobacco (SPLAT!), the Thurston County youth coalition, Teens Against Tobacco Use (T.A.T.U.), American Lung Association, and American Cancer Society. He also finds time to work a few hours each day after school in the offices of TOGETHER!/Tobacco Free Thurston County.



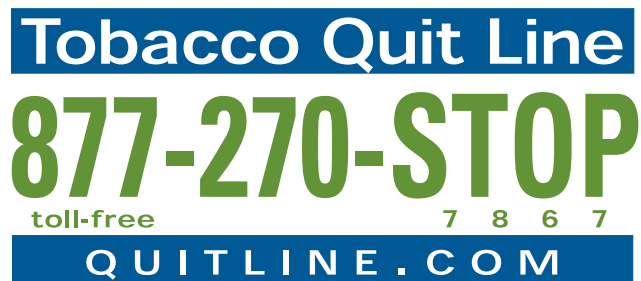
"Knowing I can change one person's life for the better is worth all of the time I put into it," Jesse says of his activities working with grade-school youth. "I let them know what they'll do to their bodies if they smoke." But his motivation also strikes closer to home. "All of the activities I do, everything I learn – I bring that information home and share with my mom to help her quit smoking."



## Helping People Quit

**M**ore than 20 percent of Washington adults smoke, and 70 percent of them want to quit. Quitting is not easy, but studies show that tobacco users are two to three times more likely to quit successfully if they receive help, especially skills training, counseling, and medication such as nicotine replacement patches and gum. Washington's statewide tobacco program works on several fronts to encourage and support their efforts.

Activities include funding local quit programs, encouraging policy changes at work sites and within healthcare systems to support people trying to quit, training healthcare providers to help their patients quit, and operating a free adult telephone quit line supported by a statewide media campaign and the Web site [www.quitline.com](http://www.quitline.com).



The results of these efforts are detailed beginning on page 15.

## Activities to Help People Quit

Activities to help people quit using tobacco fall into two categories:

- Offering and promoting the Washington State Tobacco Quit Line.
- Changing medical system practices to encourage adults to quit using tobacco.

### Offering the Washington State Tobacco Quit Line

**Operated Tobacco Quit Line.** The Department of Health contracted with Group Health Cooperative to operate a toll-free telephone Tobacco Quit Line beginning in November 2000. Since that time, cessation specialists have provided 33,700 callers with services that include:

- One-on-one telephone counseling (clients may call back as many times as they need).
- Referrals to local cessation programs where they exist.
- Tobacco quit kits with information that is specific to each caller's need and readiness to quit.
- Nicotine replacement therapy (patches or gum) for eligible callers who are uninsured or covered by Medicaid and willing to quit within 30 days.
- Advice to healthcare providers.
- Support to family members and friends who are trying to help a loved one quit tobacco.
- Specialized counseling for teen callers.
- Enhanced interventions for pregnant women.
- Spanish-speaking specialists.

### **Contracted with local tobacco prevention organizations and tribes.**

- The Department of Health supports programs in all 39 counties and with 26 tribes to help communities plan, implement, and evaluate anti-tobacco programs tailored to their needs. Typical local activities to address the quitting goal include:
  - Promoting the use of the statewide Tobacco Quit Line to local healthcare providers.
  - Marketing the quit line where smokers are: in bars, restaurants, theaters, and other public places.
  - Identifying local cessation resources.

### **Conducted a media campaign to promote the Tobacco Quit Line.**

Washington created its own television ads to encourage adult tobacco users who wanted to quit to call the state's Tobacco Quit Line. Ads also appeared on radio, billboards and buses, online, in restaurants and bars frequented by smokers, and in grocery and drug stores near products that promote quitting.

**Launched Quitline.com.** A new Web site was created to help people who want to quit. Quitline.com allows visitors to hear a sample call to the quit line, to read stories from people who have quit tobacco successfully, to learn about the physical changes they can expect once they stop using tobacco, and to meet some of the specialists who answer the calls on the state's Tobacco Quit Line.

## **Technical Assistance**

### **Tobacco Program Clearinghouse**

The clearinghouse provides local organizations and healthcare providers with anti-tobacco campaign materials, including posters, notebooks, brochures, quit line "wallet" cards, and other items.

### **Tobacco Prevention Resource Center**

The Tobacco Prevention Resource Center provides training and technical assistance to communities and healthcare providers to aid in the prevention and reduction of tobacco use, and to support their capacity to provide tobacco cessation services.

The resource center also provides access to tobacco prevention and control experts through its speakers' bureau, and provides the latest published, science-based information through the information service operation.

## **Changing Medical System Practices**

### **Trained healthcare providers.**

Effective treatments for tobacco users who are trying to quit should be a part of standard medical care. The Department of Health, in partnership with local tobacco prevention contractors and other state agencies, trains all levels of healthcare providers in crafting policies, providing resources to patients, and displaying leadership that results in consistent and effective tobacco use treatment. Among other efforts in 2002, the program:

- Provided 900 social service agency employees who work with pregnant and parenting women with First Steps Tobacco Cessation Training.
- Provided training for more than 790 healthcare professionals in the Washington Basic Tobacco Intervention Skills Training.

### **Marketed Tobacco Quit Line to healthcare**

**providers.** The Department of Health promoted increased awareness of the quit line by training local contractors in all 39 counties to inform doctors, nurses, dentists, and other healthcare providers about quit line services and provide quit line referral materials designed for use in clinic settings.



# Progress in Helping People Quit

## Overall Results

**T**wo surveys measure progress in helping adults quit using tobacco: the Behavioral Risk Factor Surveillance System (BRFSS) and the Adult Tobacco Survey (ATS). More detail about these surveys is provided in the program evaluation plan.

BRFSS is the “gold standard” measure for tobacco use in Washington and allows for national comparisons. Survey data is collected by the Department of Health throughout every month in the year for this annual project.

The Adult Tobacco Survey provides additional information about tobacco-related knowledge, attitudes, and awareness. Baseline data were collected among 10,000 adults (18 or older) interviewed in August-October 2000, and a follow-up survey was conducted among 12,000 adults in November 2001-January 2002.

Both surveys are used to evaluate program results among adults. Among the findings:

- There are about 8 percent fewer adult smokers in Washington since the launch of the program.
- There are about 83,000 fewer adult smokers in Washington since 2000 (adjusted for population growth).
- During the first year of implementation, there was no change in the proportion of current tobacco users who tried to quit. However, when tobacco users did try to quit, they were more successful than before the program started. The proportion of tobacco users who were able to quit for more than a month in 2002 increased to about 20 percent, compared to 12.5 percent who had been able to do so in 2000.

Quitting  
Results



Decline in  
Adult Smokers  
1999-2002



**HARD, YES. IMPOSSIBLE, NO.**

QUITLINE.COM

**TOBACCO QUIT LINE: 1-877-270-STOP**  
7 8 6 7



## Washington Tobacco Quit Line Results

Since November 2000, the Department of Health has operated a toll-free telephone quit line to help tobacco users break their addiction. About 40 percent of Washington tobacco users have heard of the quit line. Periodic telephone surveys of quit line callers provide a statistically reliable method of evaluating the reach and the effectiveness of the quit line.

- More than 33,700 calls from residents have been made to the Tobacco Quit Line to receive free one-on-one counseling, referrals to local stop smoking programs, and tobacco quit kits since November 2000.
- About 82 percent of tobacco users who called the Tobacco Quit Line in 2001-2002 made serious attempts to quit.

## Training Pharmacists

Healthcare professionals at all levels frequently are in contact with tobacco users, but not all providers have the skills to effectively talk with patients about quitting in what are often brief encounters.

Washington State University College of Pharmacy faculty recognized the importance of pharmacy students having the knowledge and skills to quickly intervene with smokers and contacted the Spokane Regional Health District's Tobacco Prevention and Control Program to arrange specialized trainings.



As a result, 72 third-year pharmacy students, many who work as pharmacy interns, received specialized intervention training, and practice in dosing and giving information for nicotine replacement therapies. The students were also given Washington Quit Line promotional information for display in their pharmacies as well as information about how to access other tobacco cessation patient education materials.

"The brief intervention trainings provided by Health Educator Sharlynn Rima were unique because they focused on the 3- to 10-minute opportunity that pharmacists have to interact and assess patients," says WSU Clinical Instructor Brenda Bray. "Pharmacists can be a key to successful cessation outcomes if they have the skills to determine a patient's readiness to quit and are able to readily provide the patient with the appropriate information and support."

Based on the success of this innovative approach, Rima will provide the brief intervention training to pharmacy students again next year, and is working with the Intercollegiate Nursing Center, which provides the nursing education programs for several universities, to add the trainings to their programs.

- The quit line Web site, [www.quitline.com](http://www.quitline.com), had 30,775 visits in 2002, with 24,791 visits from January-May 2003.
- Nearly 82 percent of callers said the Tobacco Quit Line was helpful in their quit process in 2001-2002.
- Eighty-six (86) percent of Tobacco Quit Line callers were satisfied with their experience and 88 percent would recommend the quit line to others.

## Smoking During Pregnancy

The Department of Health targets women to reduce smoking during pregnancy. About 11 percent of women who had babies in 2000 reported smoking during their third trimester. Washington data won't be available to examine program effectiveness until 2004.



# Reducing Exposure to Secondhand Smoke

**S**econdhand smoke exposure causes heart disease and lung cancer deaths among non-smokers, asthma in small children, as well as low birth weight and SIDS among infants. Secondhand smoke kills about 53,000 people nationwide each year, making it the third leading cause of preventable death.

A number of Washington laws and regulations, including the Washington Clean Indoor Air Act of 1985 (RCW 70.160), prohibit or limit smoking in offices, state facilities and vehicles, and other public places. However, smoking is still allowed in many businesses and public areas, including restaurants, bars, bowling alleys, industrial work sites, and public areas where children are present. Much remains to be done to create healthy, smoke-free environments.

The Department of Health's secondhand smoke efforts began in late 2002 with the Secondhand Smoke Community Assistance Project. Project goals are to:

- Reduce exposure to secondhand smoke by adults and children.
- Increase the number of regulatory and voluntary policies that reduce exposure to secondhand smoke.
- Increase the effective enforcement of existing second-hand smoke laws through education and policy support.



## Activities to Reduce Exposure to Secondhand Smoke

**Launched a secondhand smoke public awareness campaign.** A statewide media campaign was launched using ads created by other states to educate Washington residents about the dangers of breathing other people's tobacco smoke. The ads appear on television, billboards, buses, online, in grocery stores, daycares, and at racetracks.

**Launched [secondhandsmokesyou.com](http://secondhandsmokesyou.com).** The secondhand smoke Web site was launched in December 2002 to provide information about the dangers of exposure and links to other sources of information.

**Supported local activities.** The Department of Health supports programs in all 39 counties and with 26 tribes to help communities plan, implement, and evaluate anti-tobacco programs tailored to meet their needs. Local activities to address the secondhand smoke goal include:

- Publishing guides to smoke-free restaurants.
- Educating business owners about the value of making their establishments smoke-free.
- Gaining smoke-free designations for parks, playing fields, and other public areas.



# Progress in Reducing Exposure to Secondhand Smoke

## Overall Results

**D**ata to quantify the effectiveness of secondhand smoke efforts were collected using the Adult Tobacco Survey. Focused program efforts to reduce secondhand smoke began in 2003, so comparative data are not yet available. Interim results show some progress in a number of areas.

### Setting a Smoke-free Standard

Kitsap County rental property owner Jim Adrian noticed inquiries about smoke-free apartments were increasing, and he's never forgotten a fire in one of his units seven years ago, started by a smoking tenant who had disabled a smoke detector. So when the Kitsap County Health District contacted him regarding a county survey of smoke-free apartments, it seemed like going totally smoke-free was a good idea.



Adrian, who owns or manages 90 units, started a smoke-free policy for his properties in 2002. All new rental contracts are subject to the new policy and existing agreements are modified as they come up for renewal.

Most prospective renters appreciate his smoke-free standards, he says. For those who don't, "I tell them you can smoke outside or go somewhere else. It's a non-negotiable policy."

Adrian, who is active in the Puget Sound Rental Owners Association, is spreading the word to the organization's 500 members. "Seventy percent of renters want a smoke-free rental. We let our landlord members make up their own minds, but we provide a model smoke-free rental agreement," he says.

- Sixty-six (66) percent of adults think that breathing secondhand smoke is "very harmful," a small increase since the launch of the program.
- Eighty-six (86) percent of Washington residents think that children should be protected from secondhand smoke.
- Ninety-two (92) percent of Washington workers are protected from secondhand smoke at work in 2001-2002, a significant increase over 2000.
- One of the initial Department of Health secondhand smoke efforts was the launching of the [secondhandsmokesyou.com](http://secondhandsmokesyou.com), a Web site to increase awareness of the dangers of secondhand smoke and promote policy change. From January through May 2003, [secondhandsmokesyou.com](http://secondhandsmokesyou.com) had 29,735 visits.

[SecondHandSmokesYou.com](http://SecondHandSmokesYou.com)

# Reducing Tobacco Use in High-Risk Groups

**R**esearch shows that some population groups are at a higher risk than others for tobacco use, and for tobacco-related illnesses and death. These high-risk population groups are characterized by socio-economic status, geographic location, race and ethnicity, gender, age, sexual orientation, or disability.

## Activities to Reduce Tobacco Use in High-Risk Groups

### Contracted with tribes to conduct tobacco prevention activities.

The Department of Health has funded the tobacco prevention activities of 26 federally recognized tribes in Washington for the past three years. Activities included youth leadership training, regional youth summits, drum groups, canoe family events, culturally appropriate cessation programs, tribal community assessments, and cessation training for healthcare providers. The activities were conducted in collaboration with county health departments and school-based programs.

**Created a Cross-Cultural Workgroup on Tobacco.** The Department of Health convened the Cross-Cultural Workgroup on Tobacco in 2001 to identify innovative ways of eliminating tobacco use and exposure in at-risk populations. The workgroup developed the Strategic Plan for Identifying Tobacco-Related Health Disparities in Washington in early 2003. The plan will guide statewide efforts in reaching out to at-risk populations.

**Improved assessment of high-risk populations.** The Tobacco Program is committed to improving existing surveys and to exploring other methods of assessing tobacco use and evaluating program efforts in high-risk populations. School-based surveys for 2002 were offered for the first time in Vietnamese, Korean, and Russian, in addition to Spanish and English. State telephone surveys are now collected in English and Spanish.

## Community-Wide Tobacco Prevention

The Puyallup Tribal Health Authority, which serves more than 8,000 American Indians and Alaskan Natives yearly, tackles tobacco prevention and control from all angles.

In 2002, the authority developed a state-of-the-art clinic system to treat nicotine dependence. During the first year, the cessation program averaged 15 to 20 visits per week and now sees 30 patients weekly. The health clinic also implemented an outdoor smoking policy that restricts smoking to specific areas to reduce exposure to secondhand smoke.



Last year, more than 230 community members, including 60 children, attended the annual Labor Day Pow Wow Smoke Free Fun Run/Walk. Another 200 people took a quiz about tobacco use and 50 people signed a pledge to be smoke-free for the day during the 2002 Great Native American Smokeout. Other yearly outreach activities include World No Tobacco Day and Kick Butts Day, which are celebrated at the tribal school with events and education for students in grades 6 through 12.

"It takes a comprehensive, community-wide effort to bring about real change," says Nancy McKindsey, tobacco prevention coordinator for the tribe. "Integrated services and activities reinforce the anti-tobacco message."



# Progress in Reducing Tobacco Use in High-Risk Groups

## Overall Results

### Youth

**D**ata regarding youth from high-risk populations came from the 2002 Healthy Youth Survey and from its predecessor youth surveys.

## Help With Quitting

Dessie Levias, a smoker for 40 years, found the support she needed to kick the habit for good.

"I was driving to work one morning and heard a Tobacco Quit Line ad on the radio that said African Americans die from smoking more than any other disease," says the Issaquah resident. "I didn't want to be one of those statistics."



Levias, who had tried quitting multiple times, called the quit line because she realized she needed the additional support that trained professionals can provide. She received a customized quit plan, and quit line staff followed up to check on her progress and offer further suggestions.

Since she quit smoking last year, Levias has gotten off her blood pressure medication and her gum disease has improved. "I like the feeling of not having that monkey on my back any more," she says.

Declines in youth smoking were seen among all minority groups since the program began. For example, among 8th graders from 2000-2002:

- Native American smoking declined from 24.9 percent to 17.6 percent – a 29 percent drop.
- African American smoking declined from 17.2 percent to 12.5 percent – a 27 percent drop.
- Asian/Pacific Islander smoking declined from 7.6 percent to 4.9 percent – a 36 percent drop.
- Hispanic smoking declined from 16.5 percent to 13.3 percent – a 19 percent drop.

### Adults

Data generated by the Adult Tobacco Survey allows for analysis among subgroups, which helps demonstrate the results of efforts to reduce tobacco use in high-risk adult populations.

- Significant reductions in the prevalence of tobacco use among African Americans, Asian/Pacific Islanders, Native Americans, and Hispanics have not yet been seen since the launch of the program. Only among non-

Hispanic whites was a significant difference evident, which is expected as non-Hispanic whites make up the vast majority of Washington's population and there is more information to describe this group. More data are needed to effectively describe changes in tobacco use among minority groups. Beginning in 2003, the tobacco program partnered with the Department of Health's Behavioral Risk Factor Surveillance System (BRFSS) to collect more information about minority residents in Washington.

- In general, cigarette smoking rates have not been historically different by people living in cities and more rural areas. Since the beginning of the program, smoking rates in cities and suburban areas are dropping faster than in small towns and rural areas.

## Prevalence of Cigarette Smoking Among Adults

American Indian/Alaskan Natives	39.3 percent
Non-Hispanic whites	21.6 percent
Black/African Americans	23.7 percent
Hispanics	22.6 percent
Asian/Pacific Islanders	16.7 percent

## The Work Ahead

Washington State has made progress in reducing tobacco use and preventing kids from starting to smoke since the program began three years ago.

The Tobacco Prevention and Control Program relies on ongoing scientific evaluation and proven tobacco prevention strategies to continually improve program offerings and efforts, and reach groups most at-risk of tobacco use.

A comprehensive, sustained effort is critical to achieving long-term improvements in the health of Washington residents and substantial savings in tobacco-related healthcare costs.

For the coming year, areas of focus will include:

- Decrease exposure to secondhand smoke in the home and in public places.
- Decrease tobacco use among high-risk groups.
- Motivate more tobacco users to quit.

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**HEALTHIER WASHINGTON**



## **For More Information**

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Tobacco Prevention and Control Program  
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360-236-3730  
[www.doh.wa.gov/tobacco](http://www.doh.wa.gov/tobacco)  
This document is available upon request in alternative formats.  
Please call 1-800-525-0127  
(For the hearing impaired, call 1-800-833-6388).